



LOCAL ACCESS CREDENTIAL (LAC) & PASS APPLICATION
DIRECTORATE OF EMERGENCY SERVICES (DES)
FORT LEAVENWORTH, KS
(Please Print Legibly)

APPLICANT INFORMATION									
LAST NAME			FIRST NAME			MIDDLE			
Date of Birth (DD/MM/YY)			SS #		ID #		ID State		
ADDRESS			CITY			STATE		ZIP	
PLACE OF BIRTH								GENDER	
HOME PHONE				CELL PHONE				EMAIL	
CRIMINAL HISTORY									
Have you ever been ARRESTED, CONVICTED , sent through DIVERSION , etc for any offense other than parking/moving violations? YES NO				If yes, please explain: _____ _____ _____					
VISIT INFORMATION									
VISITOR			NON-MILITARY EMPLOYEE				CONTRACTOR/VENDOR		
PURPOSE / DESTINATION			EMPLOYER / ORGANIZATION						
VISIT DURATION		FROM ____/____/____ TO ____/____/____		PREVIOUSLY APPLIED FOR A PASS/LAC (Y/N)					
SPONSOR INFORMATION									
LAST NAME			FIRST NAME			MIDDLE			
ORGANIZATION / UNIT						EMAIL			
SPONSOR CERTIFICATION: I certify that the applicant meets the justification requirements above for access privileges. Furthermore, I certify that the applicant requires an access control credential as indicated above in order to visit, perform assigned duties or conduct official business on Fort Leavenworth.									
Sponsor Signature / Date (Invalid if incomplete)					Printed Name and Telephone Number (Invalid if incomplete)				
DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552a)									
AUTHORITY: 10 U.S.C. Section 3012									
PRINCIPLE PURPOSE(S): To provide the name, SSN, home address and telephone number to Fort Leavenworth security personnel who have the need to know in the performance of their official duties.									
ROUTINE USES: To Federal, State, and local activities for use in security background checks.									
DISCLOSURE: Mandatory. If not provided, the individual would not be approved for a LAC or pass.									
FOR OFFICE USE ONLY									
CLEAR NCIC-III (Y/N)		CLEAR WANTS/WARRANTS (Y/N)		CLEAR BAR LIST (Y/N)					
CLEAR KANSAS HOT FILES (Y/N)		RECORD PRINTED (Y/N)		OPERATOR INITIALS					
APPLICATION COMPLETE ACKNOWLEDGMENT FORM		APPROVED DISAPPROVED		DATE APP RECEIVED					
				DATE COMPLETED					
Issuing Official Printed Name					Issuing Official Signature / Date				

FORT LEAVENWORTH INSTALLATION ACCESS CREDENTIAL ACKNOWLEDGEMENT STATEMENT

1. I understand that I must give Fort Leavenworth Access Control Centers **consent to an initial and periodic background screenings** prior to and after the issuance of an installation access credential. Failure to do so will result in the termination of the application process. I further understand that these background screenings will determine my eligibility for access and continued access during the term of my visit.
2. I understand that my **access may be revoked** at anytime without reason or notice.
3. I understand that I must **properly care for my credential** to prevent damage, or unnecessary wear.
4. I understand that it is **prohibited to allow someone to tailgate** (following someone else in/out of gates without using a credential), or allow someone else to use my credential.
5. I understand that my credential **must be turned in** to the Installation Access Office once it has expired or further use is not required.
6. I understand that I **must immediately report any lost, damaged or stolen credential** to my sponsor and the military police.
7. I understand that my **credential must be controlled at all times**. If you have and or know where your credential is, then it is considered secured! If your credential is lost or unrecoverable, please notify your sponsor immediately.
8. The carrying or storage of privately owned weapons, explosives, and ammunition on Army installations is prohibited unless authorized by the Senior Commander.
9. I have read and understand the instructions listed above.

Applicant's Printed Name

Date

Signature